

CLAIMS ONLY							Application Number		Filing Date		
							Applicant(s)				
							* May be used for additional claims or amendments				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT						
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
1			/				51				
2				/			52				
3				/			53				
4				/			54				
5				/			55				
6				/			56				
7				/			57				
8				/			58				
9				/			59				
10				/			60				
11				/			61				
12			/	/			62				
13				/			63				
14			/	/			64				
15			/	/			65				
16				/			66				
17				/			67				
18				/			68				
19				/			69				
20				/			70				
21				/			71				
22				/			72				
23				/			73				
24				/			74				
25				/			75				
26			/	/			76				
27				/			77				
28				/			78				
29			/	/			79				
30				/			80				
31				/			81				
32				/			82				
33				/			83				
34				/			84				
35				/			85				
36				/			86				
37				/			87				
38				/			88				
39				/			89				
40				/			90				
41				/			91				
42				/			92				
43				/			93				
44				/			94				
45				/			95				
46				/			96				
47				/			97				
48				/			98				
49				/			99				
50				/			100				
Total Indep			26				Total Indep				
Total Depend			26				Total Depend				
Total Claims			32				Total Claims				